

**The Mission**

EADV's mission is to raise awareness about the growing problem of domestic violence and its impact on employees and businesses. EADV will build collaborative partnerships with both public and private employers; develop and disseminate educational materials; and provide awareness and training resources to address the issue of domestic violence.

**Membership Form**



Employers  
Against  
Domestic  
Violence

- ☐ **YES! My organization will become a member of EADV and commit to developing and communicating a policy or statement on domestic violence in the workplace.**
- ☐ No, I am not interested in becoming a member at this time but I am interested in receiving information.
- ☐ No, I am not interested in either becoming a member or receiving information.

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone, Fax, and E-Mail \_\_\_\_\_

Number of Employees \_\_\_\_\_

Contact Person to follow up with \_\_\_\_\_

**My organization is interested in the following committee(s):**

- |  |   |
|--|---|
| <input type="checkbox"/> Education & Awareness | <input type="checkbox"/> External Alliances |
| <input type="checkbox"/> Workplace Training    | <input type="checkbox"/> Fundraising Event  |

***Optional, for surveying purposes only:***

Does your organization have any internal practices to deal with family violence? *Please Check:*

- |   |   |
|---|---|
| <input type="checkbox"/> DV Policy              | <input type="checkbox"/> Referrals to resources                       |
| <input type="checkbox"/> Displayed Safety Plans | <input type="checkbox"/> PSA's posted throughout the company          |
| <input type="checkbox"/> DV Training            | <input type="checkbox"/> Domestic Violence Awareness Month Activities |

Does your organization participate in community outreach efforts regarding family violence?  
*Please Check:*

- |  |   |
|--|---|
| <input type="checkbox"/> Financial Support | <input type="checkbox"/> Technical Support                            |
| <input type="checkbox"/> Volunteering      | <input type="checkbox"/> Local fund drives                            |
| <input type="checkbox"/> In kind Donations | <input type="checkbox"/> Domestic Violence Awareness Month Activities |

**Please send completed application to:**  
Maricopa Association of Governments,  
c/o Kristie Leshinskie, Human Services Planner  
302 N. 1<sup>st</sup> Avenue, Suite 300, Phoenix, AZ 85003  
(602) 254-6300 Phone/ (602)254-6490 Fax